UNITED STATES DISTRICT COURT

for the

	Southern District of No	ew York
RUTH VIDAL, ELIZABETH CARIA and MARIA MORFIN	AS,))))	
Plaintiff(s))	
V.)	Civil Action No.
ISABEL'S DAY CARE, INC.,)	
and ISABEL NINO RODRIGUEZ, ir	· · · · · · · · · · · · · · · · · · ·	
capacity as an officer and/or owner	er of)	
ISABEL'S DAY CARE, INC.,)	
Defendant(s))	

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) ISABEL'S DAY CARE, INC., and ISABEL NINO RODRIGUEZ, in her

capacity as an officer and/or owner of ISABEL'S DAY CARE, INC.,

220 Eastchester Rd, New Rochelle, NY 10801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney,

whose name and address are: Lina Stillman, Esq.

Attorneys for Plaintiff
Stillman Legal, P.C.
42 Broadway, 12t Floor
New York, New York 10004

Tel (212) 203-2417

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 05/22/2024 //S/ V. BRAHIMI
Signature of Clerk or Deputy Clerk

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (no	me of individual and title, if an	ny)			
was red	ceived by me on (date)		·			
	☐ I personally served	d the summons on the ind	ividual at (place)			
			on (date)	; or		
	☐ I left the summons	s at the individual's reside	ence or usual place of abode with (name)			
	, a person of suitable age and discretion who resides the					
	on (date), and mailed a copy to the individual's last known address; or					
	☐ I served the summ	ons on (name of individual)		, who	is	
	designated by law to accept service of process on behalf of (name of organization)					
			on (date)	; or		
	☐ I returned the sum	mons unexecuted because	e	; 0	r	
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of	\$0.00		
	I declare under penal	ty of perjury that this info	ormation is true.			
Date:						
		_	Server's signature			
		_	Printed name and title		=	
		_	Server's address		_	

Additional information regarding attempted service, etc: